



PATIENT PRESENTING CLINICAL SIGNS

Duke Ziegler

Oral Mass 40 x 30 x 30 mm lobulated fluid filled osteolytic bone expansion (cyst) extending mesial and distal to include the distal root of the right maxillary third premolar and terminal horizontal maxilla, dorsal to include the infraorbital canal and right ventral orbital rim, medial to incorporate 1/3 the distance to the palatal midline. Treatment: Buccal En bloc Resection, Inferior Partial Orbitectomy of the right maxillary third premolar to the terminal horizontal maxilla (107, 108, 109, 110), dorsal to the infraorbital canal, and portion of the rostral zygomatic arch with cystic lining enucleation. The right mandibular fourth premolar and first molar teeth (408, 409) were extracted to facilitate right maxillary flap healing.

SPECIES

Canine

BREED

Labrador

SEX

Male Neutered

AGE

12

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Florida Animal
Dentistry and Oral
Surgery Center

REFERRING VET

Mike Wiegand

INVOICE

56327

DATE

1-22-23

Abnormal PE/Chem/CBC/UA Results: History & Physical Exam Examination- Initial Oral - Subjective/Complaints: "Duke" presented for oral examination for a swollen right caudal maxilla, not responding to oral antibiotics. "Duke" is fed Fromm dry dog food. The Ziegler family do not currently practice regular home dental care and the last professional dental cleaning was performed 6/2020 per the Ziegler family. Duke has no known previous history of maxillofacial trauma or oral surgery per the Ziegler family. "Duke" medical history includes: Monorchid. Bilateral ACL surgery 10 years ago and DJD managed with Galliprant 50 mg SID, Gabapentin 300 mg SID and Cosequin. Dr. Prior evaluated "Duke" on 1.14.2023 due to swelling of the right caudal maxilla. Dr. Prior placed Duke on Clavamox 500 mg BID and recommended a referral to the Florida Animal Dentistry & Oral Surgery Center. Since placement on the antibiotics the Ziegler family have not noticed a change in the maxillary swelling. A complete chemistry, CBC was performed 1/14/23 and the results were unremarkable other than: Glob. 3.7 (1.6 3.6), SDMA 14.3 (14.0), and Specific Gravity 1.006 with quiescent sediment. Despite maxillary swelling "Duke" is currently eating, drinking and acting normally. - Temperature: 101.1 oF - Heart: Cardiac Auscultation WNL - Pulse: 80 BPM, full regular, MM-Pink, CRT < 2 seconds - Lungs: WNL - Respirations: 30 BPM - Oro-Nasal: Calculus index 3/3, Plaque index 3/3, Gingivitis index 3/3. Halitosis, Normal occlusion. Generalized AB/AT maxillary and mandibular incisors (101-203, 301-403). GR2, M1 right maxillary first molar (109). P4 right maxillary second molar (110). 40 x 30 x 30 mm lobulated fluid filled osteolytic bone expansion (cyst) extending mesial and distal to include the distal root of the right maxillary third premolar and terminal horizontal maxilla, dorsal to the infraorbital canal and zygoma. - Lymph Nodes: Consistency, Size WNL - Eyes: Nuclear sclerosis OU - Ears: WNL - Musculoskeletal: DJD - Integument: WNL

COMPUTED TOMOGRAPHY OF THE SKULL

A high resolution pre- and post-contrast CT study of the splanchnocranium s provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Triadan 108 is absent. Centered on the alveolar bone level with absent triadan 108, a uniform soft tissue attenuating and peripheral contrast enhancing mass is seen – the mass is extending mesially up to the level of triadan 107 and distally up to the level of triadan 110/base of the zygomatic arch. The maxillary bone level with the soft tissue mass presents permeative osteolytic lesions and the soft tissue mass is invading the infraorbital canal. The soft tissue mass is measuring 2.5 x 2.3 x 4.5 cm in size.

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.



PATIENT

Duke Ziegler

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Soft tissue mass centered on the alveolar bone right maxilla – level with 107 to 110 – with semiaggressive osteolytic lesions of the right maxillary bone
- Absent triadan 108

SPECIES

Canine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The potentially cavitated mass is suggestive for cystic neoplasia, such as squamous cell carcinoma or fibrosarcoma. A lateral periodontal cyst might be a potential, but I would expect a more expansile character with geographic osteolysis rather than the ill-defined zones of osteolysis.

BREED

Labrador

Surgical excision of the mass by right sided caudal hemimaxillectomy has already been performed, regarding the history and results of histopathology are pending.

SEX

Male Neutered

AGE

12

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Florida Animal
Dentistry and Oral
Surgery Center

REFERRING VET

Mike Wiegand

INVOICE

56327

DATE

1-22-23





PATIENT

Duke Ziegler

SPECIES

Canine

BREED

Labrador

SEX

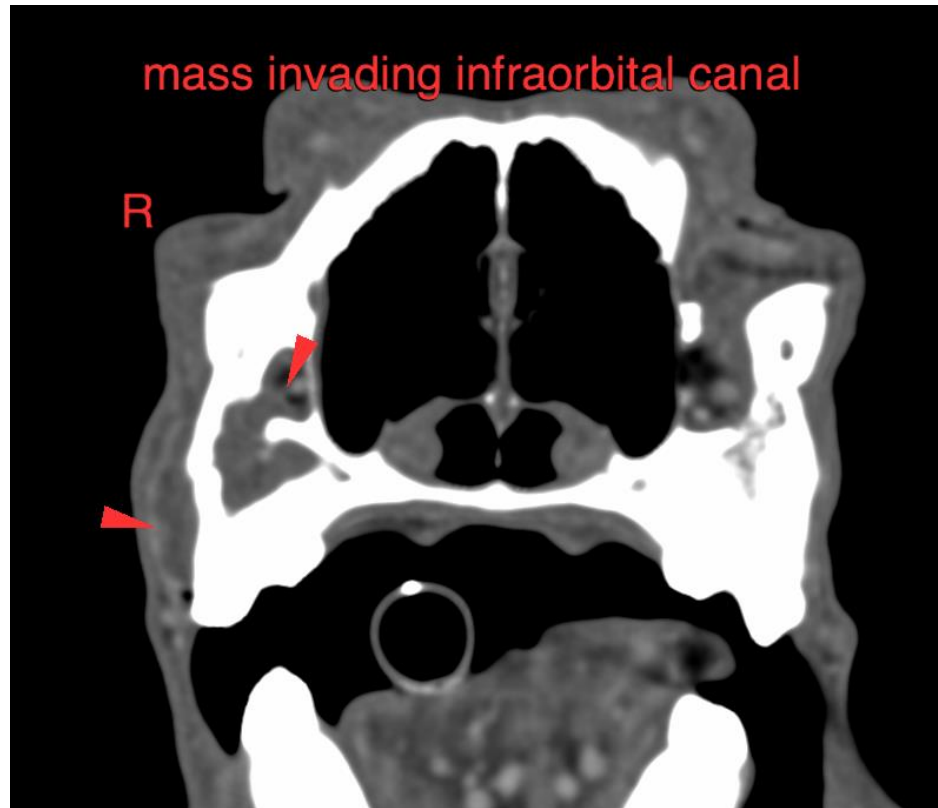
Male Neutered

AGE

12

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI



HOSPITAL NAME

Florida Animal
Dentistry and Oral
Surgery Center

REFERRING VET

Mike Wiegand

INVOICE

56327

DATE

1-22-23

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
sebast.schaub@gmail.com